

MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)

SERIAL NO.  
09/598 773  
APPLICANT(S)

FILING DATE  
6-21-00

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/				/	
2	/		8			
3	/		9			
4	/		1		1	
5	/		2			
6	/		3			
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TOTAL IND.	5				7	
TOTAL DEP.	15	↔		↔	12	↔
TOTAL CLAIMS	30	[REDACTED]	[REDACTED]	[REDACTED]	19	[REDACTED]

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IND.	DEP.	IND.	DEP.
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100			
TOTAL IND.			
TOTAL DEP.		↔	
TOTAL CLAIMS		[REDACTED]	[REDACTED]